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PTO/SB/01 (12-97)  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	9/269
	First Named Inventor	Ulrich W. DREES
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10 / 720,550
	Filing Date	November 24, 2003
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TREATMENT OF HIV INFECTION THROUGH COMBINED ADMINISTRATION OF TIPRANAVIR AND CAPRAVIRINE**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **11/24/2003** as United States Application Number or PCT International Application Number **10/720,550** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Anthony P. Bottino	41,820
Michael P. Morris	34,513	Susan K. Pocchiarl	45,016
Mary-Ellen M. Devlin	27,928	Philip I. Datlow	41,482
Alan R. Stempel	28,991	David A. Dow	46,124
Timothy X. Witkowski	40,232		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 28509 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Family Name or Surname

Ulrich Walter DREES

Inventor's Signature *Ulrich Walter Drees* Date 09/14/04

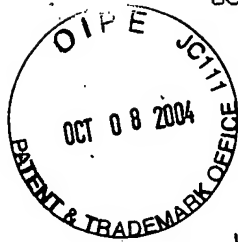
Residence: City Ingelheim State Country Germany Citizenship DE

Post Office Address

Post Office Address Binger Strasse 173

City Ingelheim State ZIP 55216 Country Germany

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Douglas Lytle		MAYERS	
Inventor's Signature		Date	
Residence: City Newtown	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 9 Oak Ridge Drive			
City Newtown	State CT	Zip 06470	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott		MCCALLISTER	
Inventor's Signature		Date	
Residence: City Westport	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 900 Ridgebury Road			
City Ridgefield	State CT	Zip 06877	Country US
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City	State	Zip	Country

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Docket No. 9/269

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OR

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Mary-Ellen M. Devlin	27,928	Philip I. Datlow	41,482
Alan R. Stempel	28,991	David A. Dow	46,124
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Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

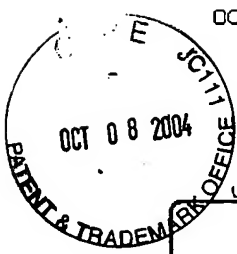
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))  Family Name or Surname

Inventor's Signature				Date	
Residence: City	Ingelheim	State	Country	Germany	Citizenship
Post Office Address					
Post Office Address	Binger Strasse 173				
City	Ingelheim	State	ZIP	55216	Country
				Germany	

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Douglas Lytle		MAYERS	
Inventor's Signature <i>Douglas L. Mayers</i>		Date <i>3 Oct 04</i>	
Residence: City Newtown	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 9 Oak Ridge Drive			
City Newtown	State CT	Zip 06470	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott		MCCALLISTER	
Inventor's Signature <i>Scott McCallister</i>		Date <i>24 Sep 04</i>	
Residence: City Westport	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 900 Ridgebury Road			
City Ridgefield	State CT	Zip 06877	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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